

## CHAMPVA POLICY MANUAL

CHAPTER: 2  
SECTION: 11.3  
TITLE: TRANSFUSION SERVICES FOR WHOLE BLOOD, BLOOD  
COMPONENTS AND BLOOD DERIVATIVES

---

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(b)(2)(ix) and (c)(2)(x)

---

### I. EFFECTIVE DATE

March 27, 1991

### II. PROCEDURE CODE(S)

86077, 86890-86891, 86900-86906, (excluded services 86910-86911), and 86920-86922 [also related is 36430, 36440, and 36450-36460]

### III. DESCRIPTION

Transfusions are the introductions of either whole blood, and blood components (red cells, platelets, plasma, or leukocytes), or blood derivatives (albumin, gamma globulin, Factors VIIa, VIII, IX, von Willebrand, or Rho (D) immune globulins (RhoGAM), and prothrombin) directly into the bloodstream. Transfusion services are those services necessary to test donor blood and administer transfusions. Transfusion services include equipment, supplies, storage, administration, processing, typing and cross-matching.

### IV. POLICY

A. Whole blood and blood components are covered when the whole blood and blood components are actually administered to the patient. Inpatient charges for whole blood and blood components used by the patient are included within the DRG charge. No separate charge is allowed.

B. Transfusion services are covered for whole blood and blood components for medically necessary, physician-ordered transfusions of both allogeneic and autologous blood when the patient uses the whole blood or blood components.

C. Blood derivatives, such as blood clotting factors, are classified as formulary drugs and are covered as prescription drugs. However, when Factors VIIa, (coagulation factor – recombinant), VIII, IX, and von Willebrand (complex-human) are provided on an inpatient basis, reimbursement will follow the guidelines found within the CHAMPVA Policy Manual [Chapter 3, Section 6.3](#), *Cost-To-Charge (CTC) Payment System*.

## V. EXCLUSIONS

- A. Blood typing for paternity testing.
- B. Transfusion services for autologous blood and blood components in the absence of a scheduled covered surgical procedure.
- C. Charges for the testing of autologous blood since the testing is not considered medically necessary if the blood is used by the donor.
- D. Charges for the testing of autologous whole blood and blood components not used by the donor since the unused autologous blood becomes part of the allogeneic blood pool.
- E. Charges for the collection and storage of autologous blood (no matter where it is collected).

**\*END OF POLICY\***